



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

**RECEIVED**

By Carol Day at 8:23 am, Oct 05, 2015

Complete this report in duplicate at the time of the regular monthly prevention visit.  
Send copy to Department of Health and Senior Services; retain original in

ALCO SENSOR IV SN 109482	PRINTER SN 95.1111.053	DATE OF INSPECTION 10-04-2015
LOCATION OF INSTRUMENT (STREET AND CITY) 501 FARAON ST SAINT JOSEPH, MISSOURI 64501		TIME OF INSPECTION 2131

**CHECKLIST:** Place a mark in the box by each item it found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☒ TEMPERATURE OF ALCO SENSOR (1 O-C - 40-C)

☒ PRINTER WORKING PROPERLY

☒ TIME AND DATE DISPLAYING PROPERLY

**BREATH ALCOHOL ACCURACY STANDARDS**

☐ SIMULATOR SOLUTION

☒ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER INTOXIMETERS LOT # AG428002 EXP. DATE 10-07-2016

☐ SIMULATOR TEMPERATURE (34°C ± 0.2°C) \_\_\_\_\_ SIMULATOR SN \_\_\_\_\_ SIMULATOR EXP DATE \_\_\_\_\_

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 w- .104	TEST 2 w- .103	TEST 3 w- .102
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☒ RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:  
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER.19)	0
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

**INSPECTING OFFICER**

SIGNATURE

PRINT NAME

BRAD KERNS

TYPE 11 PERMIT NUMBER/EXPIRATION DATE

250129 EXP. 06-08-2017

TELEPHONE NUMBER

(816) 271-5359

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office  
2875 James Boulevard  
Poplar Bluff, MO 63901



Airgas USA LLC (LAB)  
3500 Bernard Street  
St. Louis, Mo. 63103  
Ph: (314) 533-3100  
Fax: (314) 533-7328

## Certificate of Analysis

Test Date: 8-Oct-2014

Customer Name  
Intoximeters, Inc.  
2081 Craig Road  
St. Louis, Mo 63146

Lot # AG428002

Exp. Date  
7-Oct-2016

Cyl. Type  
108

Component  
Ethanol  
Nitrogen

Certified Concentration  
0,100  $\pm$  2% BrAC (272 ppm)  
Balance

Certification Traceable to N.I.S.T. RGM Ethanol Standards:

<u>Serial No.</u>	<u>Concentration</u>
EB0010581	391.8 ppm
EB0010570	259.8 ppm
EB0010285	209.0 ppm
EB0010561	103.7 ppm
EB0010681	52.22 ppm

<u>Serial No.</u>	<u>Concentration</u>
EB0010603	392.6 ppm
EB0010559	258.9 ppm
EB0010595	208.9 ppm
EB0010562	104.9 ppm
EB0010579	52.94 ppm

Analytical Method: NDIR

Digitally signed by Quality Control  
Date: 2014.10.08 12:16:00 -05:00  
Reason: Dry gas standard certification of analysis  
Location: Airgas USA LLC (Lab)

Analyst: \_\_\_\_\_

*Rod Marsala*  
Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01

1010 Serial no: 189482  
Version no: 5228

TEST RECORD 00123

Date Time 2101 9/

Blank:

10/04/15 21:31 .000

Calibration Check:

15 10/04/15 21:31 .104

Subject Name

Subject I.D.

*Keas*

Operator Name: I.D.

1010 Serial no: 189482  
Version no: 5228

TEST RECORD 00124

Date Time 2101 9/

Blank:

12 10/04/15 21:28

Calibration Check:

Subject Name

Subject I.D.

*Keas*

Operator Name: I.D.

Location

1010 Serial no: 189482  
Version no: 5228

TEST RECORD 00125

Date Time 2103 9/

Blank:

10/04/15 21:35 .000

Calibration Check:

15 10/04/15 21:35 .103

Subject Name

Subject I.D.

*Keas*

Operator Name: I.D.

Location

1010 Serial no: 189482  
Version no: 5228

TEST RECORD 00126

Date Time 2102 9/

Blank:

10/04/15 21:39 .000

Calibration Check:

15 10/04/15 21:39 .102

Subject Name

Subject I.D.

*Keas*

Operator Name: I.D.

Location